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CONFIRMATION NO. 1349

<b>SERIAL NUMBER</b> 10/057,419	<b>FILING OR 371(c) DATE</b> 01/25/2002 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b> P-7586.01
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 09/870,097 05/30/2001 PAT 6,650,942

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*none*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
 \*\* 02/19/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 30	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>JS</i> Initials				

**ADDRESS**  
27581

**TITLE**  
IMPLANTABLE MEDICAL DEVICE WITH A DUAL POWER SOURCE

<b>FILING FEE RECEIVED</b> 1250	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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